

**CITY OF ST LOUIS  
REAL PROPERTY  
CHANGE OF ADDRESS FORM**

CITY OF ST LOUIS  
OFFICE OF THE ASSESSOR  
1200 MARKET STREET  
ROOM 114 – CITY HALL  
ST LOUIS, MISSOURI 63103  
FAX #: 314-622-5594

PARCEL NUMBER \_\_\_\_\_

THIS IS TO VERIFY THAT AS OF THIS DATE \_\_\_\_\_,  
I REQUEST THAT THE MAILING ADDRESS FOR THE FOLLOWING ADDRESSES OF REAL PROPERTY  
THAT I OWN WITHIN THE CITY OF ST. LOUIS BE CHANGED TO THE FOLLOWING:

1. ADDRESS(ES) OF PROPERTY OWNED:

\_\_\_\_\_  
\_\_\_\_\_

2. PLEASE MAIL TO THE FOLLOWING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

3. OWNER OF RESIDENCE STREET ADDRESS: (If Owner is a Business Entity, at least one officer or shareholder  
and their principal place of residence must be indicated):

\_\_\_\_\_  
\_\_\_\_\_

4. E-MAIL ADDRESS: \_\_\_\_\_

5. TELEPHONE NUMBER: (        ) \_\_\_\_\_ - \_\_\_\_\_

6. SIGNATURE:

\_\_\_\_\_  
\_\_\_\_\_

7. PRINT NAME ON ABOVE LINE (AND RELATION TO PROPERTY OWNER)

8. DESIGNATED AUTHORIZED AGENT FOR RECEIPT OF NOTICE  
(For Property owner residing outside of Missouri or Illinois)  
**(MUST BE A MISSOURI OR ILLINOIS OFFICE OR RESIDENCE ADDRESS)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (        ) \_\_\_\_\_ - \_\_\_\_\_

This form can be mailed to the above address or faxed to (314)622-5594